REMARKS/ARGUMENTS

Claims 1-13 were pending in this application. Claims 1 and 3-12 were rejected under 35 USC 103(a) as being unpatentable over Engleson et al. US 7,117,041 in view of Eggers et al. US20060106649. Although it is a little unclear from page 9 of the Office Action, claims 2 and 13 apparently were rejected as being unpatentable over Engleson et al. US 7,117,041 in view of Eggers et al. US20060106649, and in further view of Examiner's Official Notice regarding storing a list of authorized individuals to determine if the caregiver is authorized to treat the patient. These rejections are respectfully traversed for the reasons that follow.

The Examiner admits that Engleson et al. fail to disclose entering machine-readable device specific information from the device. The Examiner alleges that "it is well-known in the art to report device information to the overall system via the network, as evidenced by Eggers. Specifically, the Examiner cites paragraphs [0031] and [0066]-[0067] of Eggers and alleges that Eggers discloses a device that retrieves function specific configuration information based on the location of the device.

The Examiner also admits that Engleson et al. fail to describe modulations to the execution of the medication order (sic) or delivery programming code and relies on Eggers et al. paragraphs [0048], [0057] and [0061 for this teaching.

However, what the Examiner fails to appreciate and the cited prior art fails to disclose is that the medication order and the delivery programming code are two distinctly different things. The medication order comes from the hospital information system HIS or pharmacy information system (PhIS). Unless the pharmacy knows the identity and type of the target medical device it is unable to send the medication order to the correct pump/channel. But the location of the medical device and general configuration of the device based on location as discussed by Eggers et al. are not the only problems. Modern hospitals or hospital systems typically employ many different types of electronic medication delivery devices. These medical device types include a plurality of different models. Sometimes hospitals will have multiple models made by different manufacturers and/or multiple models made by the same manufacturer. Each type of medical device that is adapted to deliver medication typically has its own unique communication requirements, capabilities, data needs and limitations or idiosyncrasies from a delivery programming code standpoint. Furthermore, to complicate matters more, there are different types of HIS and pharmacy systems employed at various

hospitals.

For example, as shown in FIG. 16 of the present application the medication order from the HIS or PhIS may specify a volume and rate stated or rounded to whole numbers, while the type of pump that is being used by the caregiver to perform the medication order requires that volume and rate be specified or programmed to two places to the right of the decimal. This presents long-standing and unmet need in the form of a translation and data transfer problem that is naively not recognized or addressed by Engleson et al. and Eggers et al.

Claims 1 and 12 have been amended for greater clarity and to better distinguish the present invention. Dependent claims 3 and 4 have been amended for clarity too. Amended claim 1 requires that the medication management unit (MMU) translate the medication order into delivery programming code executable by the given type of medical device based on the device type identifier received from the second input means. Claim 12 has been similarly amended. New claim 14 has been added for consideration. These amendments are supported in the application as originally filed. See FIGS. 1-3, 5, 5A, 6, 6A, 11, 15, 16 and 20 and paragraphs [0044], [0074]-[0082], [0086], [0087], [0090]-[0099], and [0106] (particularly 0074, 0079, 0081, 0082 and 106) of the published version of the present application. Further support is found on pages 3, 9-10, 17, 21-22 and 34 of co-pending and commonly owned published application WO2005050526, whose US counterpart was incorporated by reference in its entirety in paragraph [0106] of the present application.

A medication management unit (MMU) is needed to broker communication and translate between the pharmacy or HIS system and the medical device. The medication order needs to be translated by the MMU based upon identification by the second input means 32 of the type of medical device that is being associated for use with the patient. The prior art fails to show or suggest this feature in combination with the other elements and features as recited in amended claims 1 and 12. Thus, it is respectfully submitted that claims 1 and 12 are patentable. Claims 2-11 and 14 depend from claim 1 and at least derive their patentability therefrom. Claim 13 depends from claim 12 and at least derives its patentability therefrom.

A Petition for Extension of Time by three (3) months from October 9, 2008 to January 9, 2009 is submitted herewith along with the authorization for payment of the appropriate fees. No further extensions or fees are believed to be due in connection with this paper. However, the Commissioner is authorized to consider this a request for any necessary extension and charge our Deposit Account, 50-3118 for any additional fees (or credit any

over payments) in association with this communication. A timely and favorable response on the merits of the claims as amended is respectfully requested.

Respectfully submitted,
Geoffrey N. Holland, et al.

Michael R. Crabb
Registration No. 37,298
Attorney for Applicants

41155 Customer No.

Hospira, Inc
Telephone: (224) 212-2889
Facsimile: (224) 938-2088